



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2615
41

In re Application of:) Atty. Docket US 010191
Jin Lu)
Serial No. 09/840,209) Group Art Unit:
Filed: 04/23/2001) 2615
TITLE: SYSTEM AND METHOD FOR STORING) Examiner:
DIGITAL BROADCAST DATA) Vincent F. Boccio
)

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Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 18, 2004, the Applicants submit the following Amendment and Remarks for the above referenced application.



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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number 09/840,209

Filing Date 04/23/2001

First Named Inventor Jin Lu

Art Unit 2615

Examiner Name Vincent F. Boccio

Total Number of Pages in This Submission

10

Attorney Docket Number US010191

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ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"><tr><td>Remarks</td></tr><tr><td>Enclosed is a Non-fee Amendment and Response to an Office Action.</td></tr></table>			Remarks	Enclosed is a Non-fee Amendment and Response to an Office Action.
Remarks				
Enclosed is a Non-fee Amendment and Response to an Office Action.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James D Leimbach, Reg. No. 34,574
Signature	
Date	September 18, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	James D Leimbach
Signature	
Date	September 18, 2004

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